

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/05 (11-00)

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.	210121.509
First Inventor	Jiangchun Xu
Title	COMPOSITIONS AND METHODS FOR THERAPY AND DIAGNOSIS OF OVARIAN CANCER
Express Mail Label No.	EL755714164US

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>119</u>] (preferred arrangement set forth below)	a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention	b. <input checked="" type="checkbox"/> Specification Sequence Listing on:
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input checked="" type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u> </u>]	
5. Oath or Declaration [Total Sheets <u> </u>]	
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS

9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations
13. <input type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. Applicant must attach form 122(b)(2)(B)(i). PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☐ of prior application No. _____
Prior application information Examiner _____ Group Art Unit. _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Correspondence address below		or:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label
Firm Name			 00500 PATENT TRADEMARK OFFICE
Address			
City, State, Zip			
Country			
Telephone	Fax		
Name (Print/Type)	Jane E. R. Potter	Registration No (Attorney/Agent)	33,332
<input type="checkbox"/>		Date	3/27/01

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

L:\210121 - Corixa\509\Forms\509-PTOSB05.doc

F:\Pat\PTOSB05.doc

03/27/01
11035 U.S. PTO

Box 89
A
03/27/01
11035 U.S. PTO
09/820089